

Destination Management RFP Template

RFP for a Destination Management Company — staffing, meet-and-greet, transportation, shuttles, tours, special events, and theming.

2026 EDITION • ALIGNED TO CMP INTERNATIONAL STANDARDS

CONTENTS

Section I • Contact Information

Who issues, who responds

Section II • Event Profile

Identity, attendee profile, history

Section III • Requirements (Destination Management)

Procurement-specific scope

Section IV • Proposal Specifications

Decision process & criteria

Section V • Proposal Content

What the supplier must include

2026 Edition modernized for sustainability, accessibility, cybersecurity, and AI-enabled service expectations.

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CONTACT INFORMATION

STAKEHOLDER MANAGEMENT

Identify the RFP issuer and the supplier the RFP is being sent to. Required (*) fields cannot be omitted.

EVENT NAME (NO ACRONYMS) *

EVENT HOST ORGANIZATION *

EVENT ORGANIZER (IF DIFFERENT FROM HOST)

KEY CONTACT PERSON

KEY CONTACT PERSON *

JOB TITLE

MAILING ADDRESS LINE 1 *

MAILING ADDRESS LINE 2

CITY *

STATE / PROVINCE *

ZIP / POSTAL CODE *

COUNTRY *

PHONE *

FAX

MOBILE PHONE

EMAIL ADDRESS

WEB ADDRESS

PREFERRED METHOD OF COMMUNICATION

☐ Telephone ☐ Email ☐ Letter ☐ Fax ☐ Other:

BILLING INFORMATION

EVENT ORGANIZER / HOST BILLING CONTACT PERSON

BILLING ADDRESS LINE 1

BILLING ADDRESS LINE 2

CITY

STATE / PROVINCE

ZIP / POSTAL CODE

COUNTRY

BILLING CONTACT TELEPHONE

RFP ROUTING

RFP FOR (SUPPLIER NAME) *

RESPOND TO (KEY CONTACT NAME) *

CONTACT INFORMATION COMMENTS

EVENT PROFILE

STRATEGIC PLANNING

Establish the event identity, location (if known), market segment, attendee profile, history, exhibition particulars, and future-cycle dates.

EVENT NAME *

EVENT HOST ORGANIZATION *

EVENT ORGANIZER (IF DIFFERENT FROM HOST)

EVENT START DATE

EVENT END DATE

EVENT LOCATION SELECTED?

☐ Yes ☐ No

EVENT LOCATION (IF YES)

EVENT LOCATION(S)

CITY

STATE / PROVINCE

COUNTRY

FACILITY 1 OF N

FACILITY 1 NAME

FACILITY 1 CONTACT NAME

FACILITY 1 PHONE

FACILITY 1 EMAIL

FACILITY 1 FAX

Repeat for additional facilities as necessary.

EVENT ORGANIZER / HOST

MARKET SEGMENT

- | | | |
|--|---|---|
| ☐ Association (International) | ☐ Association (National) | ☐ Association (Regional / State / Local) |
| ☐ Corporate | ☐ Educational | ☐ Ethnic |
| ☐ Fraternal | ☐ Government | ☐ Military |
| ☐ Religious | ☐ Social | |

EVENT TYPE *

EVENT STATUS *

EVENT FREQUENCY *

EVENT HOST OVERVIEW (MISSION, PHILOSOPHY, ETC.)

EVENT OBJECTIVES

ATTENDEE PROFILE

EXPECTED TOTAL EVENT ATTENDANCE

ATTENDEE DEMOGRAPHICS PROFILE

Demographics, international mix, fly-in vs. drive-in mix, etc.

ACCESSIBILITY / SPECIAL NEEDS

Outline any special needs for the group including special accessibility needs.

EVENT HISTORY

FIRST TIME EVENT?

☐ Yes ☐ No — attach the APEX Post-Event Report (PER)

If a PER is not available, complete the table below for past occurrences.

ATTRIBUTE	EVENT 1	EVENT 2	EVENT 3 (ADD'L AS NEC.)
FACILITY NAME			
CITY, STATE/PROVINCE, COUNTRY			
START DAY & DATE			
END DAY & DATE			
TOTAL ATTENDANCE			
A/V SERVICE PROVIDER			
LIST OF A/V EQUIPMENT ATTACHED?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
EVENT A/V EXPENDITURE			

ATTRIBUTE	EVENT 1	EVENT 2	EVENT 3 (ADD'L AS NEC.)
EXHIBITOR A/V EXPENDITURE			
APEX PER ATTACHED?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

CURRENCY TYPE

FUNCTION SCHEDULE ATTACHED?

☐ Yes ☐ No

EXHIBITION INFORMATION

THE EVENT IS OR INCLUDES AN EXHIBITION

☐ Yes ☐ No

TYPE OF EXHIBITION

☐ Public ☐ Private ☐ Public / Private Combination

TYPE OF EXHIBITS (MULTI-SELECT)

☐ Custom Fabricated ☐ Modular ☐ Portable

☐ Other:

NUMBER OF EXHIBITS EXPECTED

NUMBER OF EXHIBITING COMPANIES EXPECTED

EXHIBITOR DEMOGRAPHICS PROFILE

SECURED EXHIBITION AREA?

GROSS SPACE REQUIRED

NET SPACE

☐ Yes ☐ No

UNIT OF MEASUREMENT

☐ Square Feet ☐ Square Meters

EXHIBITOR KIT PROVIDED TO EXHIBITORS

☐ Online ☐ Printed ☐ CD-ROM ☐ None ☐ Other:

EXHIBITION DATES & TIMES

DAY / DATE	HOURS — DAY 1	HOURS — DAY 2	HOURS — DAY 3

EXHIBITOR & SERVICE CONTRACTOR SCHEDULES

EXHIBITOR MOVE-IN BEGIN DATE	EXHIBITOR MOVE-IN END DATE	EXHIBITOR MOVE-IN BEGIN TIME
EXHIBITOR MOVE-OUT BEGIN DATE	EXHIBITOR MOVE-OUT END DATE	EXHIBITOR MOVE-OUT BEGIN TIME
SERVICE CONTRACTOR MOVE-IN BEGIN DATE	SERVICE CONTRACTOR MOVE-IN END DATE	SERVICE CONTRACTOR MOVE-IN BEGIN TIME
SERVICE CONTRACTOR MOVE-OUT BEGIN DATE	SERVICE CONTRACTOR MOVE-OUT END DATE	SERVICE CONTRACTOR MOVE-OUT BEGIN TIME

GENERAL SERVICE CONTRACTOR

GSC SELECTED?

☐ Yes ☐ No

GSC COMPANY NAME	GSC CONTACT NAME	
GSC CONTACT PHONE	GSC CONTACT EMAIL	GSC CONTACT FAX

FUTURE OPEN DATES

FUTURE OPEN DATES EXIST FOR THIS EVENT

☐ Yes ☐ No

PUBLISHED START	PUBLISHED END	COMMENTS

EVENT PROFILE COMMENTS

Define ground operations, staffing, meet-and-greet, transportation, shuttles, tours, special events, gifts, and entertainment requirements for the bidding DMC.

STATEMENT OF NEED *

General description of the types of services and the intended length of contract (in years).

EVENT PROPOSAL OVERVIEW (MULTI-SELECT)

- ☐ Daytime / Evening Tours
- ☐ Entertainment
- ☐ Golf
- ☐ Off-Property
- ☐ Staffing
- ☐ Top-Name Act
- ☐ Youth — Off-Site
- ☐ Décor
- ☐ Gaming
- ☐ Guest Programs
- ☐ Outdoor Activities
- ☐ Team-Building Event
- ☐ Transportation
- ☐ Other:
- ☐ Dine-Around
- ☐ Gifts
- ☐ Meet & Greet
- ☐ Speakers
- ☐ Themed Event
- ☐ Youth — In-House

STAFFING REQUIREMENTS

STAFFING SERVICES REQUIRED FOR THIS EVENT?

- ☐ Yes
- ☐ No

STAFF NEED	NEED #1	NEED #2	ADD'L (AS NEC.)
LOCATION			
DAYS / DATES			
START TIME			
END TIME			
FULFILLMENT STAFF	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
REGISTRATION DESK STAFF	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
HOSPITALITY DESK STAFF	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
EXHIBIT HALL BADGE CHECKERS	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
OTHER			

OTHER STAFF REQUIREMENTS COMMENTS

MEET & GREET REQUIREMENTS

MEET & GREET REQUIRED?

☐ Yes ☐ No

DAY & DATE	# EXPECTED (ARRIVAL)	# EXPECTED (DEPARTURE)	START	END	MANIFEST	TRANSPORTATION	AMENITIES

MANIFEST TYPE OPTIONS

☐ Manifest ☐ Blind ☐ VIP Arrivals ☐ VIP Departures

TRANSPORTATION OPTIONS

☐ Limousine ☐ Sedan ☐ Vans ☐ Motor Coach ☐ Other:

AMENITIES OPTIONS (MULTI)

☐ Bottled Water ☐ Soft Drinks ☐ Beer & Soft Drinks ☐ Videos ☐ Other:

TRAVEL MANIFEST WILL BE PROVIDED?

☐ Yes ☐ No

MANIFEST FORMAT

☐ Hard Copy ☐ Excel ☐ Database ☐ Other:

SPECIALTY SIGNAGE WILL BE PROVIDED?

☐ Yes ☐ No

DEMOGRAPHIC OF PARTICIPANT OF THIS ACTIVITY

DESCRIPTION OF SECURITY AND / OR LIABILITY INSURANCE REQUIREMENTS

OTHER MEET & GREET REQUIREMENTS COMMENTS

TRANSPORTATION REQUIREMENTS

TRANSPORTATION REQUIRED?

☐ Yes ☐ No

DATE	TYPE	STAFF	FROM	TO	# PEOPLE	SCHEDULE	SPECIAL INSTRUCTIONS

SPECIALTY SIGNAGE WILL BE PROVIDED?

☐ Yes ☐ No

DEMOGRAPHIC OF PARTICIPANT

SECURITY / LIABILITY INSURANCE REQUIREMENTS

IDEAS TO ENHANCE THE TRANSPORTATION EXPERIENCE DESIRED?

☐ Yes ☐ No

OTHER TRANSPORTATION REQUIREMENTS COMMENTS

SHUTTLE SYSTEM REQUIREMENTS

SHUTTLE SYSTEM REQUIRED?

☐ Yes ☐ No

DAT E	FRO M	T O	PEAK FROM	PEAK TO	HOTELS & ROOMS	STAF F	# PEOPLE	DESTINATIO N	FREQUENC Y	SPECIA L

FREQUENCY OF SERVICE OPTIONS

☐ Continuous ☐ 5-10 mins ☐ 10-15 mins ☐ 15-20 mins ☐ 20-30 mins ☐ Other:

PERCENTAGE NEEDING ADA / ACCESSIBILITY CONSIDERATION

SPECIALTY SIGNAGE TO BE PROVIDED?

☐ Yes ☐ No

DMC TO PROVIDE SHUTTLE MAP WITH SCHEDULE?

☐ Yes ☐ No

IS TRANSPORTATION SPONSORED?

☐ Yes ☐ No

WILL BUS WRAPS / ADVERTISING BE REQUIRED?

☐ Yes ☐ No

IDEAS TO ENHANCE THE TRANSPORTATION EXPERIENCE DESIRED?

☐ Yes ☐ No

INTER-HOTEL SHUTTLE REQUIREMENTS

SHUTTLE BETWEEN HOTELS REQUIRED?

☐ Yes ☐ No

TOURS / DAYTIME & EVENING ACTIVITIES

ACTIVITY TYPE	DAY & DATE	START	END	# ATTENDEES	DESCRIPTION / NOTES
Daytime Tour					
Evening Tour					
Dine-Around					
Themed Event					
Team-Building					
Golf					
Outdoor Activity					
Off-Property					
Top-Name Act / Speaker					
Youth — In-House					
Youth — Off-Site					
Other:					

DÉCOR, GIFTS & THEMING

DÉCOR CONCEPT / THEMING REQUIREMENTS

GIFTS & AMENITIES SPECIFICATIONS

FLORAL / CENTERPIECE REQUIREMENTS

INSURANCE REQUIREMENTS

IN ORDER TO HOST THIS EVENT, WHAT ARE YOUR SPECIFIC INSURANCE REQUIREMENTS OF MY ORGANIZATION?

- ☐ Commercial General Liability Insurance, including blanket contractual liability
- ☐ Commercial Automobile Liability Insurance for owned, non-owned and hired vehicles
- ☐ Workers' Compensation Insurance as required by statute
- ☐ Employers' Liability Insurance

IF COMMERCIAL GENERAL LIABILITY PROTECTION EXCEEDS \$1,000,000 *

What limits can be provided by primary and excess / umbrella coverage?

OTHER SPECIFIC REQUIREMENTS

DESCRIBE ANY PARTICULAR REQUIREMENTS NOT PREVIOUSLY ADDRESSED

e.g., simultaneous interpretation/translation, audience response system, video conferencing, speaker ready room, two-way radios, office equipment needs, etc.

ATTACHMENTS

List documents attached to this RFP (draft agenda, post-event report, sample vendor contract, exhibitor prospectus, attendee promotion materials, etc.)

- ☐
- ☐
- ☐

☐

NEW IN 2026 EDITION — RFP scope now includes sustainability, accessibility, cybersecurity, and AI-enabled service expectations. Suppliers should describe their capability against each in the "Other Specific Requirements" section above and the response in Section V.

SUSTAINABILITY REQUIREMENTS (NEW 2026)

REQUIRED SUSTAINABILITY STANDARDS (MULTI-SELECT)

- | | |
|--|--|
| ☐ EIC Sustainable Event Standards alignment | ☐ ISO 20121 certification |
| ☐ B-Corp certification | ☐ Carbon footprint reporting (GHG Protocol) |
| ☐ Single-use plastic elimination plan | ☐ Local / seasonal sourcing commitment |
| ☐ Waste diversion target $\geq 75\%$ | ☐ Other: |

ACCESSIBILITY & INCLUSION REQUIREMENTS (NEW 2026)

REQUIRED BEYOND-COMPLIANCE ACCESSIBILITY (MULTI-SELECT)

- | | |
|---|---|
| ☐ Live captioning | ☐ Real-time translation (multi-language) |
| ☐ Sensory / quiet rooms | ☐ Service-animal relief area |
| ☐ Mobility-priority seating | ☐ Sign language interpretation |
| ☐ DEI scholarships / bursaries | ☐ Other: |

CYBERSECURITY & DATA PROTOCOL (NEW 2026)

REQUIRED CYBERSECURITY POSTURE (MULTI-SELECT)

- | | |
|---|---|
| ☐ SOC 2 Type II | ☐ ISO 27001 |
| ☐ GDPR / CCPA compliant data handling | ☐ Documented incident response plan |
| ☐ Attendee PII encryption at rest & in transit | ☐ Penetration testing on event-day systems |
| ☐ Other: | |

AI-ENABLED SERVICES (NEW 2026)

OPTIONAL AI SERVICES (MULTI-SELECT)

- | | |
|---|---|
| ☐ AI-generated session summaries | ☐ AI-generated transcripts |
| ☐ Real-time live translation | ☐ AI matchmaking / networking |
| ☐ On-demand publishing pipeline | ☐ Sentiment / engagement analytics |
| ☐ Other: | |

All work is to be performed in a professional manner. Information in this RFP is proprietary and may not be released without written permission from the contact person named in Section I.

DECISION MAKING PROCESS

FINAL DECISION MAKER (NAME & ROLE)

PRELIMINARY CUT WITH SECOND REVIEW OF FINALISTS?

☐ Yes ☐ No

PROPOSAL PRESENTATION LOCATION (IF REQUIRED)

DECISION DATE *	APPROXIMATE DATE OF SITE INSPECTION (IF REQUIRED)	NUMBER OF SITE INSPECTION ATTENDEES

DECISION NOTIFICATION METHOD (MULTI-SELECT)

☐ Telephone Call ☐ Email ☐ Letter ☐ Fax

KEY DECISION FACTORS

Selection is based on the following criteria, rated by how they will play a role in proposal evaluation: **1 = critical** · **3 = important** · **5 = minimally important**.

DECISION FACTOR	RATING (1–5)
Ability of vendor to provide high level of service	
Age and types of equipment to be provided	
Amount of equipment owned by the vendor	
Availability of required equipment / services	
Creativity	
Information provided in the response to the RFP	
Proposal in the response to the RFP is in the proper sequence	
Overall cost of services	
Recommendations from previous and existing clients	
Staff Experience	
Travel / shipping costs if equipment is trucked or flown in	

DECISION FACTOR	RATING (1–5)
Union / non-union	
Sustainability credentials (<i>NEW 2026</i>)	
Accessibility & inclusion capability (<i>NEW 2026</i>)	
Cybersecurity posture (<i>NEW 2026</i>)	
AI-enabled service capability (<i>NEW 2026</i>)	
Other:	

REQUIRED ATTACHMENTS (SELECT ALL THAT APPLY)

- ☐ Standard sales kit for the company / facility
- ☐ Equipment / Service Price List
- ☐ Other:

2026 ADDITIONS — also request:

☐ Sample SLA / Service Agreement

☐ Sustainability report / certification

☐ Cybersecurity attestation (SOC 2 / ISO 27001)

INSTRUCTIONS FOR RESPONDING

- Each proposal responding to this RFP must include the information requested in **Section V (Proposal Content)**, in the order presented.
- Expenses related to the preparation and completion of a response to this RFP are the sole responsibility of the vendor.
- The proposal with the lowest dollar amount will not necessarily be considered the best proposal.
- Incomplete and / or late responses will not be considered.

ACCEPTED FORMATS FOR RESPONSE

- ☐ Mail
- ☐ Fax
- ☐ Email
- ☐ Courier
- ☐ Other:

2026 ADDITION — also indicate if applicable:

☐ Secure Portal Upload

OTHER INSTRUCTIONS

PROPOSAL SPECIFICATIONS COMMENTS

Each responding proposal must include the following information, in the order presented.

COMPANY INFORMATION**COMPANY NAME**

MAILING ADDRESS LINE 1

MAILING ADDRESS LINE 2

CITY**STATE / PROVINCE****ZIP / POSTAL CODE****COUNTRY**

WEB SITE

PRIMARY SALES CONTACT**FULL NAME****PREFERRED NAME**

JOB TITLE**EMPLOYER**

MAILING ADDRESS LINE 1

MAILING ADDRESS LINE 2

CITY**STATE / PROVINCE****ZIP / POSTAL CODE****COUNTRY**

PHONE**FAX****MOBILE**

EMAIL ADDRESS**WEB ADDRESS**

EXPERIENCE

FOR HOW MANY EVENTS OF SIMILAR SIZE AND SCOPE AS THE ONE IN SECTION II HAS THE COMPANY PROVIDED SERVICES IN THE PAST THREE YEARS?

WHEN WAS THE COMPANY FOUNDED?	COMPANY'S SCOPE OF SERVICES
--------------------------------------	------------------------------------

WORKING RELATIONSHIP WITH THE FACILITY NAMED IN SECTION II

Are you the preferred vendor? How many events and of what type have you serviced there?

EXPERIENCE COMMENTS

PLANNING THE EVENT

HOW WOULD THE COMPANY AND ITS STAFF PARTICIPATE IN PLANNING MEETINGS?

WHO WOULD ACCOMPANY THE EVENT ORGANIZER ON SITE VISITS?

PLANNING COMMENTS

RESPONSE TO REQUIREMENTS

CAN THE COMPANY MEET THE EVENT'S SPECIFIC EQUIPMENT / SERVICE REQUIREMENTS WITH ITS OWN RESOURCES?

☐ Yes ☐ No

IF NO, TYPES AND AMOUNTS THAT WOULD NEED TO BE OUTSOURCED

CAN THE COMPANY MEET THE EVENT'S STAFFING REQUIREMENTS WITH ITS OWN STAFF?

☐ Yes ☐ No

IF NO, SUPPLEMENTAL STAFF SUPPLIED BY

CAN THE COMPANY MEET THE OTHER SPECIFIC REQUIREMENTS OUTLINED IN THE RFP?

☐ Yes ☐ No

PERSONNEL

DOES THE COMPANY HAVE AN OFFICE IN THE CITY WHERE THE EVENT IS BEING HELD?

☐ Yes ☐ No

If No, complete travel-from rows below for each location.

CITY	STATE / PROVINCE	COUNTRY	STAFF FROM THIS LOCATION

NUMBER OF STAFF THAT WOULD WORK THE EVENT

STAFF FULL NAME	TITLE	RESPONSIBILITY	YEARS OF EXPERIENCE	SUPERVISOR?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

ESTIMATE OF CHARGES FOR TRAVEL EXPENSES (INCL. # OF GUESTROOMS REQUIRED)

PERSONNEL COMMENTS

LABOR

MINIMUM NUMBER OF HOURS CHARGED PER PERSON WORKING (E.G., 4-HOUR MINIMUMS)

DOES THE COMPANY USE UNION LABOR?

☐ Yes ☐ No

IF NO, DESCRIBE WHY AND IN WHAT AREAS UNION LABOR IS NOT USED

PRICING

PROVIDE AN ITEMIZED PRICE LIST FOR ALL SERVICES / EQUIPMENT DESCRIBED IN SECTION III

PRICING COMMENTS (TAXES, GRATUITIES, CURRENCY, VALIDITY PERIOD)

REFERENCES

CLIENT / EVENT NAME	CONTACT	PHONE / EMAIL	YEAR SERVICED

AUTHORIZED SIGNATURE

SIGNATORY NAME

SIGNATORY TITLE

SIGNATURE

DATE